

The author has at command good English, and has, moreover, a happy way of saying definite things directly. There is a freedom from provincial or personal teaching which is very commendable. The treatment advocated, while it represents fairly that which is taught at the University of Pennsylvania, is in general decisive, but safe, and such as would, with a few exceptions, be accepted anywhere as sound. The plan of giving constantly definite suggestions for a typical treatment might be adopted with advantage by many systematic authors. It is not alone the beginner who sometimes searches in vain for a working method among the generalities of a text-book.

For such value as they may have, the appendix contains formulas with brief directions for the medical treatment of many surgical affections. Here, also, may be found explicit directions for the preparation of the usual antiseptic materials, including Lister's double-cyanide gauze. The book is one of the best of its class.

G. E. S.

RECENT WORKS ON DIAGNOSIS:

LEHRBUCH DER AUSCULTATION UND PERCUSSION, MIT BESÖNDERER BERÜCKSICHTIGUNG DER BESICHTIGUNG, BETASTUNG, UND MESSUNG DER BRUST UND DES UNTERLIEBES ZUR DIAGNOSTISCHEN ZWECKEN. Von DR. C. GERHARDT. Fünfte, vermehrte und verbesserte Auflage. Pp. 363. Tübingen, 1890.

(HANDBOOK OF AUSCULTATION AND PERCUSSION, WITH SPECIAL CONSIDERATION OF INSPECTION, PALPATION, AND MENSURATION OF THE CHEST AND ABDOMEN FOR DIAGNOSTIC PURPOSES. By DR. C. GERHARDT. Fifth, improved and corrected edition.)

AUSCULTATION AND PERCUSSION. By FREDERICK C. SHATTUCK, M.D., Professor of Clinical Medicine in Harvard University. Pp. 121. Detroit: George S. Davis, 1890.

THE PHYSICAL DIAGNOSIS OF THE DISEASES OF THE HEART AND LUNGS AND THORACIC ANEURISM. By D. W. CAMMANN, B.S. Oxon., M.D. Pp. 178. New York and London: G. P. Putnam's Sons, 1891.

A GUIDE TO THE PRACTICAL EXAMINATION OF URINE. FOR THE USE OF STUDENTS AND PHYSICIANS. By JAMES TYSON, M.D., Professor of Clinical Medicine in the University of Pennsylvania, etc. Seventh edition. Pp. 255. Philadelphia: P. Blakiston, Son & Co., 1891.

NOTES ON TYPHOID FEVER; TROPICAL LIFE AND ITS SEQUELÆ. By JEFFERY A. MARSTON, M.D., C.B., M.R.C.P., F.R.C.S., Surgeon-General Medical Staff (retired). Pp. 165. London: H. K. Lewis, 1890.

DIFFERENTIATION IN RHEUMATIC DISEASES (SO CALLED). Read before the Bristol Medico-Chirurgical Association. By HUGH LANE, L.R.C.P., etc. Pp. 27. London: J. & A. Churchill, 1890.

LITTLE need be said regarding a work so well and favorably known to the reader of German interested in methods of medical diagnosis as that of Gerhardt, beyond a brief mention of the appearance of a new

edition after the lapse of a number of years. This edition has been brought fully up to date in the various departments of physical diagnosis, of which it so ably deals. We know of no manual so complete without superfluous details. It is to be regretted that no English translation exists for the use of those who cannot readily read it in the original.

Dr. Shattuck's *Auscultation and Percussion* is one of the "Physician's Leisure Library," an excellent and popular series, issued in attractive form in neat paper cover for the modest sum of twenty-five cents. It covers a similar field to that of Gerhardt, though much less completely. It furnishes, however, an excellent *résumé*, in small compass, of the essentials of auscultation and percussion, and, so far as it goes, is quite beyond other criticism than that applicable to all more recent books on this subject—that the necessity for them does not exist. But since none has before been brought so within the reach of the most impecunious, its publication may not be amiss.

We cannot speak in very favorable terms of Dr. Cammann's manual, regarding it in the light of what he states he has endeavored to make it—a text-book on the Physical Diagnosis of Diseases of the Heart and Lungs. In addition to the criticism just applied to Dr. Shattuck's book, this one merits censure because of its inaccuracies and of the extreme views expressed on debatable points, the result of which cannot but be misleading to the student who looks to it for guidance. Not being satisfied with the generally accepted explanation of the origin and cause of crepitant and subcrepitant râles, and believing that identical rhonchi may be produced in the pleura, the author holds, as regards crepitant râles at least, that they are always of pleural production. There is no doubt that occasionally pleural friction may so closely resemble true crepitant and subcrepitant intra-pulmonary rhonchi that it is impossible to indubitably differentiate their site of production without attention to accompanying signs; but there are few who will accept, with this author, that these râles are always intra-pleural. According to this view, which Dr. Cammann devotes considerable space and ingenious argument to prove, the crepitant râle is indicative not of pneumonia but of pleurisy, and when encountered in the first stage of pneumonia indicates an accompanying pleuritis; so that in uncomplicated pneumonia the crepitant râle would not be present. Dr. Cammann neglects to explain why crepitation disappears with the onset of solidification and reappears with resolution. According to his view crepitus should be decided in the second stage of pneumonia; for he states that, to produce a shower of crepitant râles, an abundance of pleural exudation is necessary, and the accompanying pleuritis is more likely to furnish an abundance of exudate in the stage of consolidation than in that of engorgement.

It is very evident, however, that Dr. Cammann does not make a very nice distinction between crepitant and other forms of râles, for we find he states that crepitant râles are *usually* heard with inspiration, occasionally throughout it, and *sometimes* only at its close; indicating that they also occur with expiration. This may reasonably account for his ultra position. It is elsewhere, we believe, pretty well accepted that the true vesicular râles are heard only with the *end* of inspiration and never with expiration, while fine subcrepitant râles and friction-sounds resembling these and the crepitant râle occur with both *in-* and *expiration*.

Under the caption, *Respiration in Health*, it is stated that the dura-

tion of inspiration is three or four times longer than that of expiration. This, of course, applies to the *time* that the two signs are audible to the auscultator, but this is not made clear, and the ratio might be supposed to apply to the relative duration of inspiration and expiration, which of course is very different from this.

Dr. Cammann fails to grasp the difference between puerile respiration and harsh or vesiculo-bronchial, using these terms synonymously. Flint long ago pointed out the distinction, which, if not recognized, might readily lead to error. Puerile respiration has as its distinctive feature *increase in intensity without alteration in pitch*; whereas, harsh or vesiculo-bronchial breathing has alone *elevation in pitch*. Harsh respiration is a mingling of the bronchial and vesicular elements in varying proportions, while puerile respiration is simply an increased vesicular murmur.

The curious statement appears on page 157 that basic anæmic murmurs are usually heard in the aortic area and less commonly over the pulmonary.

We fear Dr. Cammann is somewhat over-sanguine as to the possibilities of auscultatory percussion. There is no doubt as to the great value of this much-neglected and little-understood method in the differentiation of organs and in outlining their boundaries, but that it ever can be of much practical use in detecting morbid changes in the viscera, especially the kidneys, through alteration in their percussion-note, is very problematical.

Little opportunity has been afforded Dr. Tyson to materially revise this edition of his very popular *Practical Examination of Urine*, because of few changes of importance in urine-testing occurring since the preceding issue of this book. The excellent albumimeter of Esbach is described; the newer tests for sugar are given, and a half-page is devoted to the description of phosphatic diabetes, an ailment which has recently attracted some attention abroad through the writings of Teissier and Ralfe.

Dr. Marston has prepared some very interesting notes, based on a large experience with enteric fever occurring among British troops in India. As is well known, enteric fever always has been very prevalent among these in that country, while it is exceptionally rare among the native population. Two powerful factors combine to enormously increase the susceptibility of the recruit to enteric fever—early manhood and recent arrival in a new, hot climate. So that no better opportunity could be afforded of studying the natural history of the disease than is presented in India.

Clinical features and anatomical characters of typhoid fever are the same in India as elsewhere, but whether the etiological factors are always similar Dr. Marston regards as somewhat doubtful. His remarks on causation are of great interest, based as they are on wide experience and accurate judgment. He finds himself unable to account for the origin of all cases of Indian enteric fever by the view of Budd (specific infection), or even by that of Murchison, and seems inclined to look with some favor on the doctrine that under certain conditions (chiefly climatic) this fever may originate unfathered by a specific bacillus or a pythogenic cause. He cannot well understand otherwise the development of certain cases in which all the evidence points against specific infection or spontaneous origin through filth. He, however, regards it

as more difficult, in a country like India, to exclude a pythogenic source than a bacillary one. He does not commit himself positively to either the autogenic or to Murchison's view, evidently feeling that the evidence in either direction is of a negative nature, which may be invalidated by more thorough methods of investigation. In this connection it may be of interest to recall the opinion of Rodet as to the relationship which he believes exists between the bacillus coli communis and the bacillus of Eberth; that under certain conditions the former bacillus, which when cultivated at a temperature of 44° to 46° C. becomes morphologically similar to Eberth's, may acquire pathogenic properties and induce enteric fever. An acceptance of Rodet's views would explain the pathogenic origin of typhoid fever and might throw light on the supposed autogenic cases of Dr. Marston. The altered condition of life of the newly arrived soldier in India, entailing increased physiological activity of the lymphatic and glandular system, especially of those of the intestines, might tend to furnish the suitable conditions for the transformation of the benign bacillus coli communis into the virulent bacillus of Eberth.

The chapters devoted to *Tropical Life and its Sequelæ* are not the least interesting in the book. They deal with the immediate and remote effect produced on Europeans who have resided in hot climates without having undergone thorough "acclimatization."

Differentiation in Rheumatic Diseases is a graphically illustrated reprint of a paper which appeared in the *Lancet*, October, 1890, by one who has had a large experience with this class of affections. It deals with the diagnosis and treatment of rheumatoid and rheumatic arthritis. The author believes that in most cases of the former a strumous taint exists which is very likely the underlying cause of the rheumatoid condition. It is, however, difficult to understand what he means by struma, since he uses the terms scrofula, struma, and tuberculosis as if they were quite unrelated. But the so-called theory advanced by Mr. Lane as to the association existing between struma, phthisis, and rheumatoid arthritis is not, as he seems to suppose, new. Dr. Garrod long ago stated his belief that the subjects of the tubercular diathesis—which nowadays we are to understand includes struma or scrofulosis—are especially susceptible to it.

D. D. S.

THE BARBARITY OF CIRCUMCISION AS A REMEDY FOR CONGENITAL ABNORMALITY. By HERBERT SNOW, M.D. Lond., etc., Surgeon to the Cancer Hospital. London: J. & A. Churchill, 1890.

THE author hopes to "contribute in some small measure toward the abolition of an antiquated practice, involving the infliction of very considerable suffering upon helpless infants."

Circumcision as a religious rite is traced from its first historical employment by Abraham to the present day. It is stated to have been long before that time widely observed among Ethiopians, Egyptians, Phœnicians, and other peoples; while at present the list of those who practise it includes many widely separated nations in Asia, Polynesia,